

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155708		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 03 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/24/2012	
NAME OF PROVIDER OR SUPPLIER HILLSIDE MANOR NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1109 E NATIONAL HWY WASHINGTON, IN 47501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/27/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/24/12</p> <p>Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this PSR survey, Hillside Manor Nursing Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original building plus the 2002 addition of the east-west corridor at the south end of the facility, including resident rooms 16 through 24 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This original portion of the facility was a one story facility with a basement and was determined to be of Type V (000) construction and was fully sprinklered. The 2002 addition east-west corridor at the south end of the facility, including resident rooms 16 through 24, was a one story facility determined to by of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on both levels including the corridors, spaces open to the</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 corridors, and resident rooms 6, 8, 10, 12A, 12B, 13, 14, and 19 through 24. Resident rooms 1, 3, 4, 5, 7, 9, 11, 15, 16, 17, and 18 were not provided with smoke detection. The facility has a capacity of 48 and had a census of 39 at the time of this survey.			{K 000}			
{K 000}	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/25/12.</p> <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/27/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/24/12</p> <p>Facility Number: 000303 Provider Number: 155708 AIM Number: 100287530</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this PSR survey, Hillside Manor Nursing Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Resident rooms 25 and 26 in the east-west corridor in the south end of the facility, plus the kitchen, dining room, and basement below in the north end of the facility were surveyed with Chapter 18, New Health Care Occupancies.</p>			{K 000}			

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{K 000}	Continued From page 2 These portions of the facility were determined to be of Type V (111) construction and were fully sprinklered. The facility has a fire alarm system with smoke detection in resident rooms 25 and 26, and the corridors, the dining room, and the basement at the north end of the facility. The facility has a capacity of 48 and had a census of 39 at the time of this survey.	{K 000}			